## Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone

: (561)694-8107

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A. LUNT

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Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

		Company as it appears	on the records of the F	lorida Department of
State:	Coldwell :	lanker Resident	ial Real Estate	LLC
2. The Florida de	ocument number	of this limited liability	company is: M0700	
3. Jurisdiction o	f its organization	California		8 02
4. Date authoriz	ed to do business	in Florida: 8/1	5/2007	
SECTION II (5	9 complete only	the applicable chang	( <b>8</b> )	SEC
5. New name of	the limited liabili	ty company:	in "Limited Liability Company	T. C.
<del></del>				
(If name unavailable, o consent of the manager Company," "L.L.C." or	- At Assemble Income.	pted for the purpose of trans- edopting the alternate research	cting business in Florida and a The siternale name must cont	itlach a copy of the written ain "Limited Liability
the new registered Name of New Re	PECHT BOOVOL TO	new registered office	e address on our recon address here;	is, effice the name of
New Registered (			Enter Florido Street Address	
<u>New Registered C</u>			Enter Floride Street Address , Flor	rida
New Registered A I hereby accept the comply with the pr hities, and I am fa provided for in Ch registered office or	Sent's Signature, e appointment as rovisions of all standing term of the apter 605, F.S. Oddress, I hereby of the appears of t	if changing Registere registered agent and intues relative to the procept the obligations		to Code  activ. I further agree to formance of my erred agent as
New Registered A I hereby accept the comply with the pr hities, and I am fa provided for in Ch registered office of writing of this cha	office Address:  gent's Signature, e appointment as rovisions of all standian with and a papter 605, F.S. Oddress, I hereby a nge.	if changing Registere registered agent and a studes relative to the peccept the obligations r, if this document is to onfirm that the limited	d Agent:  ogree to act in this cape  of my position as each	To Code  activ. I further agree to formance of my ered agent as flect a change in the been notified in

Title/Capacity Name	Address Type of Action
EVP/T Anthony E. Hull	D Add
	175 Park Ave. , Hadison WJ 099 Po Remove
Soul VO / T. W. & Gustav	175 PARK AVENUE
Senio-VP/ Timothy B. Gustav.	MADISON, NJ 07940
	□ Remove
President/ Nothaniel Klitsh	era
President/ Nathaniel Klitsh	2800 WESTON RCAD SUITE 201
	WESTON, FL 33331
AS Dawn Marie Ho Clu	re 4009 Manates Ave. W. Brade
	Bradenton, FL 39205
	□ Remove
AS Mary Beth Hudson	5145 Ocean Blvd. Sarasota, FL 34242 BAGG
AS Scott Humphries	2201 Swann Avenue
OCOTI PIOINPINES	Tampa, FL 33406 Remove
9. Attached is a certificate, if required: no	more than 90 days old, evidencing the
aforementioned amendment(s), duly au jurisdiction under the law of which this	thenticated by the official having custody of records in the entity is organized.
$\underline{\hspace{1cm}}$	MIMMW == = = = =
	state of the adultorized representative
<del>*************************************</del>	Wasser, Manager
	Filing Fee: \$25.00